

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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26	1					
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35						
36						
37						
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38	↓	↓	↓		
TOTAL CLAIMS	41					

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS			

BEST AVAILABLE COPY